STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018432	A. BUILDING: _____ B. WING _____	R-C 01/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH CHRISTIANS HOME	412 SOUTH BIRD STREET SUN PRAIRIE, WI 53590

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS From 01/10/2024 to 01/12/2024, Surveyor conducted a verification visit at Walk By Faith AFH Christian Home, an AFH in Sun Prairie. One deficiency was identified. The deficiency was a repeat deficiency - See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023 and OP7B12, dated 08/03/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 436}	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure services specified in 1 of 3 resident's individual service plans (ISP) were provided. Resident 1 did not receive the 1:1 care as indicated on his/her ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023 and SOD OP7B12, dated 08/03/2023. Findings including:	{M 436}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{M 436}	Continued From page 1 On 01/10/2024 at approximately 1:45 p.m., Surveyor visited the facility. Caregiver F and Resident 1 were the only individuals present in the home. Caregiver F reported Resident 5 had been sent to the hospital 45 minutes prior, Resident 4 was on an outing with a staff member of an affiliated adult family home and Resident 6 was at his/her day program. On 01/10/2024 at approximately 2:00 p.m., Surveyor interviewed Caregiver F regarding the home's staffing patterns. Caregiver F reported the following staffing schedule: - 1 caregiver scheduled 8:00 a.m. to 5:00 p.m. Monday - Friday - 1 caregiver scheduled 8:00 a.m. to 8:00 p.m. Monday - Friday - 1 caregiver scheduled 8:00 p.m. to 8:00 a.m. Monday - Friday - 2 caregivers present at all times Saturday and Sunday *Staffing pattern concluded only 1 caregiver was present from 5:00 p.m. to 8:00 a.m. Monday through Friday. Surveyor inquired about only 1 caregiver being present on 01/10/2024. Caregiver F explained that s/he worked by him/herself 1 day per week because s/he couldn't have the other caregiver working 7 days a week. Caregiver F stated the provider was struggling with staffing, but actively hiring. Caregiver F stated Resident 6 went to a day program Monday-Friday, Resident 5 was "still new and they were still figuring out [his/her] needs" and Resident 4 went on an outing with another home's staff 3 to 4 days a week for 5-6 hours during the day. On 01/10/2024 at approximately 2:05 p.m.,	{M 436}		

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{M 436}	Continued From page 2 Surveyor reviewed resident records, which documented the following: - Resident 1 admitted to the provider's home on 06/16/2022. Resident 1's ISP, dated 01/01/2024, stated s/he required 1:1 staffing from 6:00 a.m. to 10:00 p.m. - Resident 4 was admitted to the provider's home on 06/23/2023. Resident 2's behavioral support plan (BSP), dated 11/01/2023, stated s/he required 24/7 supervision, including line of sight. The BSP stated Resident 2 required 1:1 staffing during transport and community outings. Behavioral concerns noted included declining medications and cares, physical behaviors, delusions, hallucinations, inappropriate voiding, self-injurious behaviors, sexual behaviors, property destruction, elopement, homicidal ideation, obsessions/compulsions and verbal behaviors. - Resident 5 was admitted to the provider's home on 01/02/2024 for respite. Resident 5's record did not include information regarding supervision needs. Caregiver F commented that s/he didn't think Resident 5 could be left unsupervised. - Resident 6 was admitted to the provider's facility on 08/07/2023. Resident 6's ISP, dated 10/27/2023, indicated s/he could come and go from the home as s/he desired. After reviewing resident records, Surveyor reviewed the supervision needs of residents and the staffing pattern provided by Caregiver F with Caregiver F. Caregiver F reviewed Resident 1's ISP with Surveyor and responded, "Oh. I didn't know that," in reference to Resident 1's 1:1 staffing requirement from 6:00 a.m. to 10:00 p.m. Caregiver F confirmed the home was staffed with only 1 caregiver from 5:00 p.m. to 10:00 p.m. and stated the provider would need to change the	{M 436}		

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{M 436}	Continued From page 3 staffing patterns. On 01/10/2024 at approximately 2:15 p.m., Licensee A arrived to the provider's facility. Surveyor shared concern that the provider's staffing patterns did not meet the service needs identified in the ISPs. Surveyor then reviewed resident records and discussed resident needs with Licensee A. The record review and discussion was as follows: - Resident 1: Licensee A agreed with Resident 1's need for 1:1 supervision from 6:00 a.m. to 10:00 p.m. - Resident 4: Licensee A stated Resident 4's BSP was written for 24/7 supervision and 1:1 staffing at times, per Resident 4's managed care organization instruction to get approval for increased staffing but that the increased staffing was not approved. Surveyor noted the BSP was signed, indicating agreement of the plan and staffing patterns, by Licensee A and a representative from Resident 4's managed care organization. Licensee A reviewed his/her files for an alternate ISP or BSP and provided Surveyor with a Safety Plan, dated 01/05/2024, that stated, "Members Primary Doctor documented that member is incompetent and should not be in the community alone. Member should have dedicated staffing with [him/her] to prevent getting lost and should be monitored 24/7." - Resident 5: Licensee A stated Resident 5 could come and go as s/he desired. - Resident 6: Licensee A confirmed Resident 6 could come and go as s/he desired. As Surveyor reviewed concern that Resident 1 required 1:1 dedicated staffing from 6:00 a.m. to 10:00 p.m. and Resident 4 required 24/7 supervision, yet the home had only 1 caregiver	{M 436}		

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{M 436}	Continued From page 4 present from 5:00 p.m. to 10:00 p.m., Licensee A shook his/her head and walked away from Surveyor. Licensee A stated s/he had attempted to work with Resident 4's managed care organization, but they were unwilling to approve the "dedicated staffing." On 01/10/2024 at approximately 3:00 p.m., Surveyor reviewed staffing concerns with Caregiver F. Caregiver F stated s/he understood what the staffing patterns should be and that the concerns could possibly be re-discussed with Licensee A "at a better time."	{M 436}		